Page 1 of 26 Case 1:05-cv-00031-SJM-SPB Document 19-14 Filed 09/02/2005 MEASUREMENTS AND OTHER FINDINGS 51 HEIGHT 56 TEMPERATURE 51 11 D SLENDER MEDIUN OBESE 57 BLOOD PRESSURE (Arm at he 58 PULSE (Arm at heart lave SYS SYS C 2 MINE AFTER SITTING 8 AFTER EXERCISE IS RECUMBERT E AFTER STANDING SITTING ! лесимвект STANDING DIAS DIAS . DIAS DISTANT VISION 60 REFRACTION 6 NEAR VISION RIGHT 20/ CORR TO 20 BY 5 C) CORP TO 97 LEFT 207 CORR TO 20 B۲ \$ C) CORR TO Вγ 62 HETEROPHORIA (Specify distance) ES EX۰ RH PRISM DIV PRISM CONV PC PD CT 63. ACCOMMODATION 64. CDLOR VISION (Test popular and result) 65 DEPTH PERCEPTION Test used and score; UNCORRECTED RIGHT CORRECTED 66. FIELD OF VISION 68 RED LENS TEST 69. INTRAOCULAR TENSION 70. HEARING AUDIOMETER 72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) RIGHT WV /15 SV /15 250 256 500 512 8000 8192 RIGHT LEFT WV /15 SV 115 LEFT 73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY **ALLERGY** DRUG HX **MEDICATION** 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) 75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) A. PHYSICAL PROFILE \$ 77. EXAMINES (Check IS QUALIFIED FOR B. PHYSICAL CATEGORY B. IS NOT QUALIFIED FOR 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER ROBERT TASSINARI 79. TYPED OR PRINTED NAME OF PHYSICIAN PHYSICIAN ASSISTANT M.C.C., NEW YORK 80. TYPED OR PRINTED NAME OF PHYSICIAN 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indigate which) SIGNATURE SIGNATURE NUMBER OF ATTACHED SHEETS CLINICAL DIRECTOR MCC - NEW YORK aU.S. Government Printing Office: 1989-262-081/90235 SF 88 (Rev. 3-89) BACK 

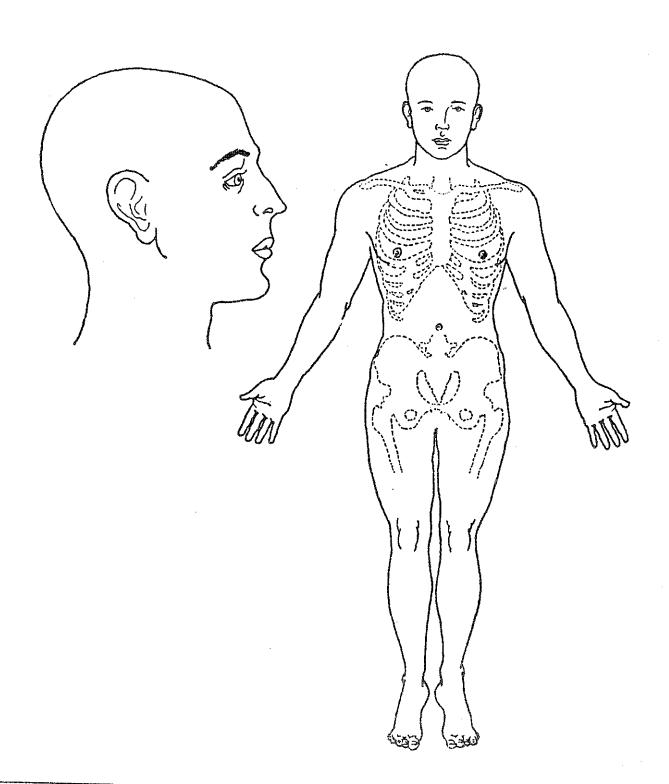
#### REPORT OF MEDICAL EXAMINATION

					:	
1.	LAST NAME-FIRST NAME-MIDDLE NAME			2. GRADE AND COMPONE	NT OR POSITION	3. IDENTIFICATION NO.
	10011-0 119	# 7/0 O-2-1		5. PURPOSE OF EXAMINA	<b>7</b> 1011	<u> </u>
4.	HOME ADDRESS (Number, street or RFD, city or tou	ww. State BRO ZIP CODS)		S. FURFUSE OF EXAMINA	NOON	6. DATE OF EXAMINATION
			•	!	•	
7	SEX B. RACE	9. TOTAL YEARS	GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT	
	$m \mid B$	MILITARY	CIVILIAN	100-7	RA	
12.	DATE OF BIRTH 18 PLACE OF BIRT	FH 1. 7		14. NAME, RELATIONSHIP,	AND ADDRESS OF NEXT O	F KtN
	_	D -				
Z	-2-(4)				•	
2	26/		····			
15, 1	EXAMINING FACILITY OR EXAMINER, AND ADDRI			16. OTHER INFORMATION		
	F-MC-F	7W				
17.	RATING OR SPECIALTY			TIME IN THIS CAPACITY (Tate	d)	LAST SIX MONTHS
	CLINICAL EVALUATION		NOTES: (Describe every ab	normality in detail. Enter perti	inent item number be	fore each comment. Continue in
NOF MAI	(Check each item in appropriate column, enter evaluated.)	"NE" il not ABNOR- MAL	item 73 and use a	dditional sheets if necessary)		
	18. HEAD, FACE, NECK AND SCALP					
	19. NOSE	-				•
-	20. SINUSES	<del></del>				
$\dashv$			•			
	21. MOUTH AND THROAT				***** · · · · · · · · · · · · · · · · ·	
	22. EARS - GENERAL (INTERNAL CANALS) (Auditor acute under terms 70 and 71	7	·			
$\perp$	23. DRUMS (Perforation)					•
	24. EYES ~ GENERAL (Visual acuity and refraction under items 59, 60 and 67	27)				
_L_	25. OPHTHALMOSCOPIC					
	28. PUPILS (Equality and reaction)					
Т	27. OCULAR MOTILITY (Associated parellel movem	ants nysingmus)				
$\top$	28. LUNGS AND CHEST (Include breasts)					
1	29. HEART (Thrust, size, rhyhm, sounds)					
-	30. VASCULAR SYSTEM (Vericosities,etc.)					•
+	31. ABDOMEN AND VISCERA (Include hernie)					
┿						
-	32. ANUS AND RECTUM (Hemorrholds, Fishuler)					
4_	33. ENDOCRINE SYSTEM					•
<u>,                                    </u>	34. G-U SYSTEM					
_	35. UPPER EXTREMITIES (Strength, range of	motion)				
<u> </u>	36. FEET					
<u>L</u>	37. LOWER EXTREMITIES (Except feet) (Strength, range of m	notian)				
	38. SPINE, OTHER MUSCULOSKELETAL					
	39. IDENTIFYING BODY MARKS, SCARS, TA	TTOOS				
	40. SKIN, LYMPHATICS					
	41. NEUROLOGIC (Equilibrium tests under Iten	n 72)			•	
	42. PSYCHIATRIC (Specify any personality des	viation	1			
····	43. PELVIC (Females of Check how done)					
	□ AGHALAL □	RECTAL		(Continue i	in item 73)	
44. 1	DENTAL (Place appropriate symbols, shown in exam		mber of upper and lower (eeth.)		REMARKS AND ADDITE	QNAL DENTAL
	0		v x x x	7 × 1 7	DEFECTS AND DISEAS	
	1 2 3 Restorable 1 2 3 32 31 30 Teeth 32 31 31	resionadie 72	2 3 Missing 1 2 3 31 30 Toeth 32 31 30	Beplaced ( X 3) Fixed by 32 31 30 Pertial	1750/	ングクリモンン
	32 31 30 Teeth 32 31 30 R	leeth 32	x x x x	Dentures (X) dentures		15MESS 7 CUZZ
	1 1 2 3 4 5	6 7 B	9 10 11 12	13 14 15 16 E	EXAN	7 W 11
	G 32 31 30 29 28 H	27 26 25	24 23 22 21	20 19 18 17 F	11/1/	
	T				<u></u>	
			LABORATOR			
45. l	URINALYSIS: A SPECIFIC GRAVITY			46. CHEST X-RAY (Place, date film i	number and rosuit)	
8 A	LBUMIN	a. MICROSCOPIC				
C. S	UGAR					·
47. 5	SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH	50 OTHER TESTS		
			-NGTOA			
		£ .				
				<u> </u>	C+	CR (Poy 2 80)

Document 19-14 File
MEASUREMENTS AND OTHER FINDINGS Case 1:05-cv-00031-SJM-SPB Filed 09/02/2005 Page 3 of 26 56 TEMPERATURE 51 HEIGHT BLOOD PRESSURE (Arm at heart tovel) PULSE Jarni et need leve-LA SETTING STANDING DIAS RECUMBENT DIAS SITTING 59 DISTANT VISION 69 REFRACTION BY RIGHT 20 CORR TO 20 CORR TO LEFT 20 CORR TO 20 62. HETEROPHORIA (Specify distance) PRISM On PRISM CONV СТ 63. ACCOMMODATION 64 COLOR VISION (Test used and result) 65 DEPTH PERCEPTION Test used and score. UNCORRECTED RIGHT CORRECTED 66 FIELD OF VISION 67 NIGHT VISION (Test used and score) 68. RED LENS TEST 69. INTRAOCULAR TENSION 70 HEARING AUDIOMETER 72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) RIGHT WV RIGHT LEFT WV LEFT DISTO X GMOS WE CDIDPRES O.IMGBIY ONFERDITIOS 2 PPP7 1993 HE (NH COMPRETE) TIME (1993 T SUBSMOKE DBJE (Use additional sheets if necessary) MARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) OP7 (4 CONGERES 1893) A. PHYSICAL PROFILE MDINAIN OFFERENT & GEGME B. PHYSICAL CATEGORY B. IS NOT QUALIFIED FOR 79. TYPED OR PRINTED NAME OF PHYSICIAN
J. GUARNERI. PA. SIGNATURE 80. TYPED OR PRINTED NAME OF PHYSICIAN B. EZAZ, M.D. 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) BRENDA BURGES, D.D.S 82 TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY

MEDICAL RECORD

### ANATOMICAL FIGURE



ATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility.)

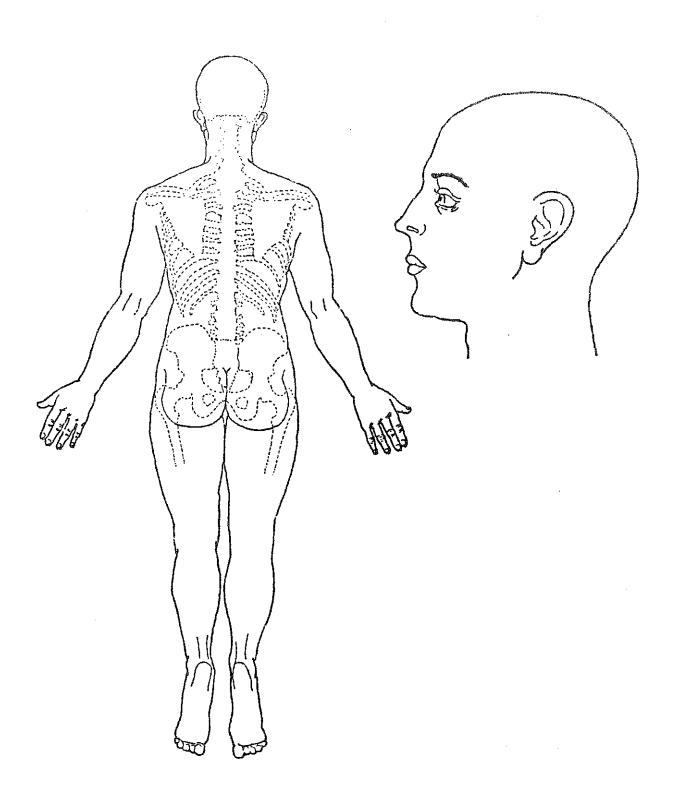
REGISTER NO. 40428.053

WARD NO.

allen, anthony

#### ANATOMICAL FIGURE

STANDARD FORM 531 (Rev. 4-91) Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1



Ø. Co												
/	411	e ~	(THIS INFORMA				FICIAL AND MEDICAL RELEASED TO UNAUTH					ONLY
			FIRST NAME-MIDDLE NAME	:			2.	. REGIST	ER N	 IUM	BER	
2	1	. ,	V 12/2/2003							چ		
3 F	URP	OSE OF	EXAMINATION		4 1	ATE O	F EXAMINATION 5.	. EXAMI	IINIC	: E A	CILITY	
	ORI		:		4. 1	JA I E OI	r camination 3.	. EXAMI	ATING	rra: Eri	CIDIJI Bulidada	LTH SERVICES
		·	PHILE SCAFEN				25-94					
6. S	6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises)											
	How I am I											
	HTW - 7 mos.											
	Med - Clondine O./ BID  Use to have hisdaches but none for a Couple Mrs "  Poes not reed from Med "  8. DO YOU (Please check each item)											
<u> </u>	" Use to have headerly but none for a r. of . n. 11											
	Does not need of in 1 "											
7. H	AVE	YOU E	VER (Please check each item)		<u></u>	-a p	con mea	· ····-	8. E	00 Y	OU (Plea	se check each item)
YES			··· · · · · · · · · · · · · · · · · ·	eck e					YES		(2.700.	(Check each item)
		Lived v	with anyone who had tuberculosis							ر حر	Wear al	asses or contact lenses
	-/		ed up blood							2		sion in both eyes
	<u> </u>		cessively after injury or tooth extra	ction								hearing aid
	_	· .	ted suicide	CHOIL						-		or stammer habitually
		,	sleepwalker							1		brace or back support
o u	AVE		VER HAD OR HAVE YOU NOW	/DI.			-A - f h (4)	<u> </u>			W car a	brace or back support
		DON'T	VER HAD OR HAVE 100 NOW	(Fiet	ise ci		egt of each tiem)				200	, , ,
YES	NO	KNOW	(Check each item)	YES		DON'T KNOW	(Check each item,		YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever		/		Adverse reaction to serum	drug		#		Epilepsy or fits
		-	Rheumatic fever		. 1		or medicine			***		Car, train, sea or air sickness
	<del>/</del>		Swollen or painful joints				Broken bones			,,,,,		Frequent trouble sleeping
	/		Frequent or severe headache			ļ	Tumor, growth, cyst, cance	er		-		Depression or excessive worry
		.,*/	Dizziness or fainting spells				Rupture/hernia			,227		Loss of memory or amnesia
		.,	Eye trouble - WHEN Z				Piles or rectal disease			alla .		Nervous trouble of any sort
			Ear, nose, or throat trouble An	,			Frequent or painful urination	on				Periods of unconsciousness
			Hearing loss		.:		Bed wetting since age 12			أم		Have you ever had
			Chronic or frequent colds				Kidney stone or blood in ur	rine		1		homosexual contact?
	,		Severe tooth or gum trouble		,		Sugar or albumin in urine					Been exposed to AIDS
			Sinusitis				VD-Syphilis, gonorrhea, e	etc.		Ĩ.		Alcohol Use (Excessive)
		,	Hay Fever		e.		Recent gain or loss of weig	ght		عهر	_	Drug Use/Addiction
			Head injury	j	,- `		Arthritis, Rheumatism, or I	Bursitis				Marijuana
			Skin diseases				Bone, joint or other deform	tity		ī		Cocaine
			Thyroid trouble			·	Lameness					Heroin
		,	Tuberculosis				Loss of finger or toe			-		L.S.D.
			Asthma		-		Painful or "Trick"shoulder	or elbow		$\neg$		Amphetamines
			Shortness of breath				Recurrent back pain			-4		Others: (Specify)
			Pain or pressure in chest				"Trick" or locked knee				.	
			Chronic cough	-			Foot trouble					Alcohol or drug
			Palpitation or pounding heart				Neuritis		1	<i>5</i> 3°	.	Withdrawal Problems
	_		Heart trouble				Paralysis (include infantile)					
		(	High or low blood pressure ow	_			· · · · · · · · · · · · · · · · · · ·		1		<del>- i</del>	
						ند بحار			<del>— і</del> Ю. Е	EMA	LES ONI	Y HAVE YOU EVER
Ī	<del>- : :</del>		Cramps in your legs . MED Frequent indigestion SE	<u>:</u> 4	íoc'	<del></del>			1		<del></del>	Been treated for a female disorder
	71		Stomach, liver, or intestinal trouble									Had a change in menstrual pattern
			Sall bladder trouble or gallstones	<del>!</del>	!						<del></del>	ARE YOU PREGNANT
·			Jaunosce or hepatitis	- :						i		SUSPECT YOU ARE PREGNANT
11. V	√HA′		UR USUAL OCCUPATION?	<u>:</u>					12 .	DE S		
			•					ļ			'OU (Che	process of the second s
		2000	SMUETION						L	Righ	handed	Left handed

		PO 14710=	DE CULTY EVEL TATED IN DI ANIZ CO. CO. D. C.									
	CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED Y											
YES NO		YES NO										
1	Have you been refused employment or been unable to hold a job or stay in school because of:     A. Sensitivity to chemicals, dust, sunlight, etc.	1	, 18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)									
	B. Inability to perform certain motions.	1   ;	<ol> <li>Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other</li> </ol>									
,	C. Inability to assume certain positions.		than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)									
<u> </u>	D. Other medical reasons (If yes, give reasons.)	<del> </del>	20. Have you ever been rejected for military service because of									
!	14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details).		physical, mental, or other reason? (If yes, give date, and reason, for rejections.)									
1	15. Have you ever been denied life insurance? (If yes, state reason and give details.)		21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for un-									
	16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occured.)	]_//	fitness or unsuitability.)									
	17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)									
EXPLAN	IATION: (#13-22 ABOVE)		DO YOU HAVE									
			Frequent Colds Thrush No No Yes Night Sweats Diarrhea Skin Rashes  No Yes No Yes No Yes									
I certify doctors,	I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.											
TYPED	OR PRINTED NAME OF EXAMINEE	SIGNAT	TURE , A .									
	ALLEN, ANTHONY		Then Ollen									
INTAKE	SCREENING:	THEF	RE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS									
INMATE	RECEIVED FROM: COURT TRANSFER P.V	OR A	LCOHOL?									
	RECEIVED FROM: COURT TRAINSPER F.V.	-										
			DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL									
l	AL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE,		F YES NO									
APPEAR	ANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES,	WHA	T ARRANGEMENTS HAVE BEEN MADE?									
1	CE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORM- ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.		V OTHER TENEDON AND WARM AND A PROTECTION									
111100, 1	STO. HOTE OBSERVATIONS IN BESCH 23 BESON.		Y STATUS: TEMPORARY WORK RESTRICTED									
	GS HAVE BEEN USED, NOTE TYPE. HOW LONG, HOW MUCH.		ERAL POPULATIONYESNO									
	PTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE		E AND EXTENT OF LIMITATION									
!	ncian's summary and claboration of all pertinent data (Physician shall comment of additional medical history he deems important, and record any significant finding		ve answers in item 6 through 22. Physician may develop by interview									
	HTN											
Medications Allergies Alle												
TVDCC	OD DRIVETED NAME OF DIDIVIOLATION OF THE STORY	NIA TELES	NUMBER OF									
EXAMIN	If a	NATURE	ATTACHED SHEETS									
	A F GUNTHER MD 8-25-94	11										

		31. 434.4	PART OF GUSTIC	oor voim on			ia grafficka a mark			FED	ERA	L BU	REAU OF PRISON
14			(THIS IMPOR	ATION	IS FO	k OFFICI	AL AND MEDIC	AL CO	SFIDENT	IAL USE	ONLY		
1.	LAST 1	iame-fir	T MANE-MIDDLE MAKE				ED TO UNAUTE		PERSO	<del></del>			
*	. د. ا	. \ <i>!}</i>	AMINATION G	, 'S	2 . 2					2. RE	GISTE	R MUNBE:	· 0 < 2
3.	PURPOS	e of exi	MINATION	(	. 4	DATE O	k exyminylio	N		5. Ex	AKINA	TION FA	-052°
						1.7 6 7	· · · ·						
			XAMINER'S PRESENT HEALTH	WEND BITED	ICATI(	ON CORRER	TLY USED (Fo)	llow by	descri	ption of	Past	bistory	, if complaint arises)
7. 1	LAVE Y	OU EVER	(Please check each item)				a.	DO YOU	J (Flea	se check	each	item)	
YES	МО		{Check	each in	em}			YES	MO			(Chack	each item)
	-350000	Lived	with anyone who had tube	rculos	is			`		Wear gla	2200	<del> </del>	acts lens
	<u> </u>	Cough	up blood					,		Have vis	ion i	n both	eAét
	يسي	Bled s	xcessively after injury	or too	th ext	raction			Warner	Wear hes	ring	aid	·
		ļ	ted suicide						Server and	Stutter	or st	ammer b	abitually
	) Agent	Been a	sleepwalker	•					general .	Wear a	DIRCE	or back	support
9. H	AVE Y	OU EVER	EAD OR HAVE NOW (Please	check a	t lef	t of eac	h item)					······································	<u></u>
YES	NO	TON'T	(Check each item)	YES.	МО	DON'T	(Check asc	h item	)	YES	жо	DON'T	(Chạck each item)
	1		Scarlet fever			-1-	Adverse re	action	to	1	1	KAIUN	Epilepsy or fits
	1		Rhaumatic faver				drug or me		\		Car, train, sea or gir		
			Swollen or painful		À		Broken bon		1	,	Frequent trouble		
	Alles.		joints		j		Tumors, growth, cyst,				1	,	Depression or excessive
	4		Fraquent or severa				Rupture/he	rnia			1		hoss of memory or
	. ·		headache		attao		Piles or re	ectal	disease		, ,		Hervous trouble of any
	:		Dizziness or fainting		<u>ر</u> س		Frequent of	r			2		Periods of
			spells		<b>3</b> 1		peinful ur:	inatio	<u> </u>		ž.		Have you ever had
		•	Eye trouble		ŧ		Bed wetting	since	s age 1	2	1		homosexual contact?
	- Care		Ear, nose, throat trouble		7		Kidney stor	o or			T		Been exposed to AIDS
	jacobii.		Rearing loss				blood in u	ine	· · · · · · · · · · · · · · · · · · ·		1		Alcohol Use (Excessive)
	i i		Chronic, frequent colds				Sugar, albu	min i	uripe		Poor Bass		Drug Use/Addiction
	1		Severe tooth, gum trouble				VD-8yphilis	, gone	rrbea,				Narijusna
	)		Sinusicis		- `		etc.	-			sep		Cocaine
	į.		Hay Fever				Recent gain	or lo	se of				Eeroin
			Head injury		,		weight						L.S.D.
	j		Shin disease				Archritis,	Rhouss	tien,				Amphotemines
			Thyroid trouble				or Bursitis		011a72.514/-00-00-4452.614				Others: (Specify)
			Tuberculosis				Bone, joint	or	W. Ott Make who We W				
			Anthra			arranani ransananani da	other deform	ity	274-84-34/77-com-94070-88-				Alcohol or drug
	j		Shortness of breath			The state of the s	Lamences	Market U.V. Racopy's con		1			Withdrawal Problems
		-	Pain, pressure in chest			***************************************	Lors of fing	er or	toa				19.444 Alas Vanga <u>an sanakat kabusahah jala samu</u> ya rang <u>amay</u> ngungganggan gjang taga ngunan g <del>anakatan</del>

-	·····		POLICE POLICE			CONTRACTOR	MARKET ATTENDED							
	λ	Case 1:05:cv:00	031-SJM-S	SPB D	ocume	nt 19	14.	Filed	09/02	2005	P	age 9 of 26		
	,	Palpitation or	: pounding	· .		shoul	der o	r elbow	10. FR	MRLES O	NLY HY	AK AOO EAES		
	1	heart				Recu	Tent	back pain				Been treated for a		
	١	Heart trouble				*Tric	k" oz	locked				female disorder		
		High or Low b	lood			Foot	troub	le .		<b></b>	<u> </u>	Had a change in		
		pressure				Neuzi	tis					menstrual pattern		
	1	Cramps in you	x lega		-	Parel	ysis	(include				ARE YOU PREGNANT		
	ì	Frequent indi	gestion		<del></del>	infan	tile)					SUSPECT YOU ARE		
	i,	Stomach, live	r, or			Gall	bladd	er trouble				PREGNANT		
	`	intestinal tr	ouble			or ga	llsto	D&S						
		Jaundice or h	epatitis											
11. 1	HAT I	S YOUR OCCUPATION?					12.	ARE YOU (che	sck one)	⊿ Right	hande	å ☐ Left handed		
		CHECK EACH ITE	N YES OR NO.	EVERY ITEM	CHECKED	YES MU	ST BE	FULLY EXP	AINED I	N BLANK	SPACE	BETOR		
YES	NO					YES	NC							
	1	13. Have you been ref to hold a job or A. Sensitivity to	stay in school	1 because	of:		}	18. Have y specify wh	ou ever i	ed any il	llness ve deta	or injury notes? (If yes, ils.)		
	g#	B. Inability to p	erform certai	n motions.								eated by clinics, practitioners		
		C. Inability to a	ssume certair	positions		,	•	within illnes	the pas ses? (If	t 5 years yes, giv	for o	ther than minor lete address of		
		D. Other medical				1		doctor	, hospit	l, clini	c, and	details.)		
		14. Have you, ever bed (If yes, specify					\	D#C&U	se of ph	ysical,	menta	d for military service l or other reason? ason for rejections>)		
		15. Ezve you ever bes Reason give detai		insurance	<b>7</b>		× **	21. Have your ever been discharged from military service because of physical mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)  22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, what amount, whan, why.)						
		16. Have you had, or any operations? (I. which occurred.)  17. Have you ever been approximately appr	f yes, describ n a patient i	e and give	age at		ţ							
		hospital? ( If yes name of doctor and												
certi	fy the	at I have reviewed the fampy of my doctors, hospi	orgoing inform tals, or clini	ation suppl cs mentions	ied by ze	and the	at it	is true and	complet a compl	e to the	best script	of my knowledge. of my medical record.		
YPED	or pri	INTED NAME OR EXAMINEE						BIGNATURE	ζ.					
		TING: VED FROM: COURTT	ransfer	/s.v			VE TH		Y PROBLE		STOP	ING THE USE OF DRUGS OR		
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	(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)										
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	gd).		Scarlet fever	<u></u>			Adverse reaction to serum drug		ø		Epilepsy or fits
	<i>-</i> #		Rheumatic fever		ļ	<u>-</u> .	or medicine	<u> </u>			Car, train, sea or air sickness
	.,2	Swollen or painful joints Broken bones		ļ	- "		Frequent trouble sleeping				
ļ	200		Frequent or severe headache	<u> </u>	1		Tumor, growth, cyst, cancer	ļ	-5		Depression or excessive worry
			Dizziness or fainting spells				Rupture/hernia	ļ			Loss of memory or amnesia
		·	Eye trouble	:	<u></u>		Piles or rectal disease	ļ	<u>.</u>		Nervous trouble of any sort
			Ear, nose, or throat trouble		~		Frequent or painful urination	ļ			Periods of unconsciousness
	- '		Hearing loss		/t		Bed wetting since age 12		_,		Have you ever had
			Chronic or frequent colds		_		Kidney stone or blood in urine		*		homosexual contact?
	,		Severe tooth or gum trouble				Sugar or albumin in urine	ļ	1		Been exposed to AIDS
			Sinusitis				VD—Syphilis, gonorrhea, etc.				Alcohol Use (Excessive)
	<u>,                                     </u>		Hay Fever				Recent gain or loss of weight	ļ			Drug Use/Addiction
<u> </u>			Head injury			,	Arthritis, Rheumatism, or Bursitis	ļ	<u></u>		Marijuana
			Skin diseases	<u> </u>			Bone, joint or other deformity	1			Cocaine
			Thyroid trouble	<u> </u>			Lameness		<u> </u>		Heroin
	-		Tuberculosis				Loss of finger or toe	ļ	<u> </u>		L.S.D.
			Asthma	<u> </u>			Painful or "Trick"shoulder or elbow	ļ			Amphetamines
			Shortness of breath	ļ <u>-</u>			Recurrent back pain				Others: (Specify)
ļ			Pain or pressure in chest	Ĺ	,-		"Trick" or locked knee	ļ		<u></u>	
			Chronic cough				Foot trouble	-			Alcohol or drug
Palpitation or pounding heart Neuritis					Neuritis		7		Withdrawal Problems		
Heart trouble Paralysis (include infantile)								<u> </u>			
			High or low blood pressure								
			Cramps in your legs					10. F	EMA	LES ON	LY HAVE YOU EVER
			Frequent indigestion					ļ	<u>'</u>		Been treated for a female disorder
			Stomach, liver, or intestinal trouble				That the state of	<u> </u>			Had a change in menstrual pattern
			Gall bladder trouble or gallstones				,		ļ		ARE YOU PREGNANT
			Jaundice or hepatitis					ļ			SUSPECT YOU ARE PREGNANT
11.	WHA'	T IS YO	UR USUAL OCCUPATION?					12	ARE	YOU (Ch	eck one)
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CHICK EACH ITEM YES OR NO INVEST THE CHEATED YES MIST BE PLLY EXCHANGED BEAMS. SPACE BELOW  13. Now you been refraind employment of been unable to hold a plan of the tip acknowled security.  14. In Investigation of the control of t			CHECK EVEN LIEW AGO OF NO EMBER TIEM CANCELLE	VEC > C	1000 -	
18. Here you beer refused employment or been mable to hold a possible or way in share the section day, otherwisely, date, molegist, etc.  19. Its control the processing of the section of	YES	NO	CILICA DACITITEM TES OR NO EVERY TIEM CHECKED			BE FULLY EXPLAINED IN BLANK SPACE BELOW
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C. Trability to seasons certain positions.  D. Older andical reasons (if yes, ever beauth)  14. (Howey you, ever bean beared for a mental condition? (if yes, gree experience).  15. (Howey you ever bean beared for a mental condition? (if yes, yeeley, when, where, and give details).  16. (Howey you gover bean beared for a mental condition? (if yes, yeeley, when, where, and give details).  17. (Howey you gover bean beared for a mental condition? (if yes, yeeley, when, where, and give details).  18. (Howey you gover bean distingtions)  19. (Howey you ever bean injury service beauth).  19. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  10. (Howey you were bean injury) service beauth and you details.  11. (Howey you were bean injury) service beauth and you details.  12. (Howey you were bean injury) service beauth and you details.  13. (Howey you were bean injury) service beauth and you details.  14. (Howey your were home injury) service beauth and you details.  15. (Howey your were home injury details.  16. (Howey your w		1				healers, or other practitioners within the past 5 years for other
14. Have you, ever been treated for a mental condition? (if yes, guege which, where, and globe deatally.)  15. Have you ever been discharged from military service because of physical, mental, or other reason? (if yes, girdler, and reason, profession, mental, or other reason? (if yes, girdler, and reason, mill give deatals).  16. Have you were been a pattern as you you been adviced to have, say openson than the profession of the young of the pattern of physical, mental, or other reason of physical, mental, or other reason? (if yes, girdler, where homewhere, during the profession or manifoldity).  17. Have you were been discharged from military service because of physical, mental, or other reason? (if yes, girdler, where homewhere, during the profession or manifoldity).  18. Have you were been discharged from military service because of physical, mental, or other reason? (if yes, girdler, where homewhere, during the profession of physical, mental, or other reason? (if yes, girdler, where homewhere, during the profession of physical, mental, or other reason? (if yes, girdler, where homewhere, during the profession of physical, mental, or other reason? (if yes, girdler, where whether homewhere, during the profession of physical, mental, or other reason? (if yes, girdler, where whether homewhere, during the profession of physical professio			C. Inability to assume certain positions.			than minor illnesses? (If yes, give complete address of doctor, hospital,
1. Here you ever been dented till die insurance? (If yes, state reason and give dental).  1. Here you ever been dented till die insurance? (If yes, state reason and give dental).  1. Here you ever been dented till die insurance? (If yes, state reason and give dental).  1. Here you ever been a plates in any type of beginst? (If yes, and per deltaking whether honouble, for an after yes, denothe and give age of which occurred.)  1. Here you ever been a plates in any type of beginst? (If yes, give denote and give dente than honouble, for an after yes, give you supplied for passion, or compensation for existing distributy? (If yes, give denote and give yes a patient in any type of beginst? (If yes, give denote and give yes and that it is true and complete to the best of my knowledge. I sutherine any of the decices, hospitals, or clinics enterious deve to familia the Government a complete transcript of my weeklest record.  1. Certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I sutherine any of the decices, hospitals, or clinics enterious deve to familia the Government a complete transcript of my weeklest record.  1. Certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I sutherine any of the decices, hospitals, or clinics enterious above to familia the Government a complete transcript of my weeklest record.  1. Certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I sutherine any of the decices, hospitals, or clinics enterious the particular that are complete transcript of my weeklest record.  1. Certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I sutherine any of the decices, hospitals, and the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I sutherin		,				20. Have you ever been rejected for military service because of
and give details.  16. Here you lead, or have you been advised to have, any operational of the young the second of your age ar which occurred.  17. Here you ever been a piciest in any type of hospital? (If yes, the second your age ar which occurred in the property of the process, or a composition for existing dishibity? (If yes, the process of hospital), or clinic mentioned above to furnish the Covernment a complete outlets of the best of my knowledge. I authorize any of the deteroid, hospitals, or clinic mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid, hospitals, or clinic mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid, hospitals, or clinic mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid, hospitals, or clinic mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid, hospitals, or clinic mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid, hospitals, or clinic mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid mentioned above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid above to furnish the Covernment a complete to the best of my knowledge. I authorize any of the deteroid and the covernmen			14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details).			physical, mental, or other reason? (If yes, give date, and reason, for rejections.)
17. Have you ever been a patient in any type of hospital? (If yes, and potential of the yes of hospital?)   17. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   17. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, yes, of hospital?)   18. Have you ever been a patient in any type of hospital? (If yes, yes, yes, yes, yes, yes, yes, yes,			and give details.)			of physical, mental, or other reasons? (If yes, give date, reason.
September   Sept			<ol> <li>Have you had, or have you been advised to have, any opera- tions? (If yes, describe and give age at which occured.)</li> </ol>			fitness or unsuitability.)
L certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize say of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.  TYPED OR PRINTED NAME OF EXAMINEE  SIGNATURE  THERE SCREENING:  THANSE SCREENING:  THANSE SCREENING:  THANSE SCREENING:  THANSE SCREENING:  THANSE SCREENING:  THANSE SCREENING:  THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL?  DOES PATIENT NIEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES — NO — WHAT ARRANGEMENTS HAVE BEEN MADE?  APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, AND ANARKS, SWEATING, BODY DEPORATIONS. IN BLOCK 23 BELOW.  IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED. HAVE  TYPE AND EXTENT OF LIMITATION — ALC  23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in tem 6 through 22. Physician may develop by interview any additional medical history he deem important, and record any significant shall comment could be a seen of through 22. Physician may develop by interview any additional medical history he deem important, and record any significant shall comment could be a seen using of the seen of through 22. Physician may develop by interview any additional medical history he deem important, and record any significant shall comment could be a seen using of the seen of through 22. Physician may develop by interview any additional medical history he deem important, and record any significant shall comment could be a seen using of the seen of through 22. Physician may develop by interview any additional medical history he deem important, and record any significant shall be a seen using of the seen of the seen of through 22. Physician may develop by interview any additional medical history he deem important. And record any significant shall be a seen of the seen of the best of my known and s			specify when, where, why, and name of doctor and complete address of hospital.)			for pension, or compensation for existing disability? (If ves.
TYPED OR PRINTED NAME OF EXAMINEE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  INTAKE SCREENING:  THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL?  OTHER  MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORM-TIRES, ETC. NOTOTE OBSERVATIONS IN BLOCK 23 BELOW.  DUTY STATUS: TEMPORARY WORK RESTRICTED  GENERAL POPULATION — YES NO  TYPE AND EXTENT OF LIMITATION  DO YOU HAVE  Frequent Colds  Thrush  No  Yes  SKIN Algebra  No  Yes  No  Ye			hemederal lær ulæn It × HTN			
INTAKE SCREENING:  INMATE RECEIVED FROM: COURT TRANSFER P.V	I cert	ify th	at I have reviewed the foregoing information supplied by me and that it is true spitals, or clinics mentioned above to furnish the Government a complete tran-	and cor	nplete	to the best of my knowledge. I authorize any of the nedical record.
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23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)    Catalogs   O   MS						
Applications  Ves No Present Colds  Typed or printed name of physician or examined TUL CHOPRA  Typed or printed name of physician or examined TUL CHOPRA  Typed or printed name of physician or examined to the property of th			<del></del>			<u></u>
TYPED OR PRINTED NAME OF PHYSICIAN OR DATE SENATURE SENATURE SINATURE SENATURE ATTACHED SHEETS	23. F a.	ny ada	ditional medical history he deems important, and record any significant finding  April Cations  319198	gs here.)		A #
XAMINER TUL CHOPRA ATTACHED SHEETS			Terrinal Complaints  We will be a second of Lice  We will be a second of L	n N D	nrus light iarri	Sweets Ves No Yes
	TYPE	O OR	TUL CHOPRA MANAGEMENT	ysicial	unoz Vess	SICKETOR .

REVERSE

	(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY  AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)											
1.	LAST	NAME	−FIRST NAME-MIDDLE NAMI	E	•		2. REGIS	TER I	NUM	IBER		
-2	1		*		-i		·	-				
3.	PURI	OSE OF	EXAMINATION	,	4.	DATE O	F EXAMINATION 5. EXAM					
									•			
					,	- "	•					
6.	STAT	EMENT	OF EXAMINEE'S PRESENT HE	ALTI	IAN	D MED	ICATIONS CURRENTLY USED	(Follor	v bv	description	n of past history, if complaint arises)	
									•		s sy pass seeds by group and artists y	
							· ·		•			
İ												
											•	
_	7. HAVE YOU EVER (Please check each item) 8. DO YOU (Please check each item)											
YES	NO		(CI	ieck e	ach i	tem)		YES	NO		(Check each item)	
Ĺ	200	Lived	with anyone who had tuberculosis					1		Wear g	lasses or contact lenses	
	<u> </u>	Cough	ed up blood		•				<u> </u>	Have v	sion in both eyes	
		Bled ex	xcessively after injury or tooth extra	action				1		Wear a	hearing aid	
		Attemp	oted suicide							Stutter	or stammer habitually	
		Been a	sleepwalker							Wear a	brace or back support	
9. f	IAVE	YOU E	VER HAD OR HAVE YOU NOW	(Plea	ise ci	heck at le	eft of each item)	·				
YES	NO	DON'T (Check each item)  YES NO DON'T (Check each item)  (Check each item)					YES	NO	DON'T KNOW	(Check each item)		
		<u> </u>	Scarlet fever		V		Adverse reaction to serum drug		1		Epilepsy or fits	
	-		Rheumatic fever		7		or medicine		Ì		Car, train, sea or air sickness	
		/	Swollen or painful joints		, .		Broken bones	<u> </u>			Frequent trouble sleeping	
			Frequent or severe headache		/		Tumor, growth, cyst, cancer		1		Depression or excessive worry	
			Dizziness or fainting spells			٠,	Rupture/hernia				Loss of memory or amnesia	
		/	Eye trouble		1		Piles or rectal disease				Nervous trouble of any sort	
			Ear, nose, or throat trouble		/		Frequent or painful urination				Periods of unconsciousness	
			Hearing loss	Ì			Bed wetting since age 12		,		Have you ever had	
			Chronic or frequent colds				Kidney stone or blood in urine		ļ		homosexual contact?	
			Severe tooth or gum trouble				Sugar or albumin in urine		Ť		Been exposed to AIDS	
			Sinusitis				VD-Syphilis, gonorrhea, etc.		7		Alcohol Use (Excessive)	
			Hay Fever				Recent gain or loss of weight		Ź.		Drug Use/Addiction	
			Head injury		-		Arthritis, Rheumatism, or Bursitis		1		Marijuana	
			Skin diseases		·		Bone, joint or other deformity		7		Cocaine	
			Thyroid trouble				Lameness				Heroin	
			Tuberculosis			·	Loss of finger or toe				L.S.D.	
			Asthma				Painful or "Trick"shoulder or elbow		,		Amphetamines	
			Shortness of breath				Recurrent back pain				Others: (Specify)	
			Pain or pressure in chest				"Trick" or locked knee					
			Chronic cough				Foot trouble				Alcohol or drug	
			Paipitation or pounding heart	_ ]			Neuritis				Withdrawal Problems	
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			High or low blood pressure									
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			Frequent indigestion								Been treated for a female disorder	
		i	Stomach, liver, or intestinal trouble								Had a change in menstrual pattern	
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;			Jaundice or hepatitis	1							SUSPECT YOU ARE PREGNANT	
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	!	B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other
L	1	C. Inability to assume certain positions.		1	than minor illnesses? (If yes, give complete address of doctor, hospital clinic, and details.)
	:	D. Other medical reasons (If yes, give reasons.)			20. Have you over here rejected for all the second
		14. Have you, ever been treated for a mental condition? (If yes, specify when, where, and give details).			<ol> <li>Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)</li> </ol>
1		15. Have you ever been denied life insurance? (If yes, state reason and give details.)			21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason.
		16. Have you had, or have you been advised to have, any opera- tions? (If yes, describe and give age at which occured.)		-	and type of discharge whether honorable, other than honorable, for un fitness or unsuitability.)
		17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		,	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
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MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR' MARKS, SWEATING, BODY DEFORM-	DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES NO WHAT ARRANGEMENTS HAVE BEEN MADE?
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HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE	TYPE AND EXTENT OF LIMITATION

<sup>23.</sup> Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)



TYPED OR PHINSE NAME OF PHYSICIAN OR EXAMINER PHYSICIAN OR STDERAL COROLLINGMA
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NUMBER OF ATTACHED SHEETS

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EXPLANATION: (#13-22 ABOVE)	<u> </u>		
I certify that I have reviewed the foregoing information supplied by me and that it is true a doctors, hospitals, or clinics mentioned above to furnish the Government a complete transc	and comp cript of n	olete 1y m	to the best of my knowledge. I authorize any of the edical record.
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STANDARD FORM 93 REV. OCTOBER 1974 PRESCRIBED BY GSA/ICMR FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29- R0191

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### 1:05-cv-00031-SJM-SPB

# U.S. MEDICAL CENTER FOR FEDERAL PRISONERS SPRINGFIELD, MISSOURI

#### TRANSFER SUMMARY

ALLEN, Anthony Reg. No. 40428-053 January 20, 2004 WARD: S03

REASON FOR ADMISSION: Right inguinal hernia.

SIGNIFICANT FINDINGS: This is a 39-year-old Jamaican male referred to the U.S. Medical Institution (FCI), McKean, Pennsylvania, with a six to seven year history of a right inguinal was consequently referred to USMCFP for evaluation and treatment.

History and physical examination dated December 23, 2003, gives a diagnosis of a right inguinal scrotal hernia; otherwise, essentially healthy male.

LABORATORY: Dated 12-29-03 gives a profile A of a BUN of 6 (7-22), and the remainder limits entially within normal limits. CBC was within normal limits. Urinalysis was within normal negative. RPR was positive at 1:1, with an MHA-TP of being nonreactive. HIV status was

TRE ON DATMENT RENDERED: Patient was evaluated by Consultant Surgeon, Dr. Brent Rotton, which ecember 23, 2003, and scheduled for a right inguinal hernia repair with plug and patch, evaluation done January 9, 2004. Postoperatively, the patient did well. On final and the patient instructed on postoperative care.

PROCEDURES: On January 9, 2004, right inguinal hernia repair.

CONDITION ON DISCHARGE: Improved.

FINAL DIAGNOSES:

Status post right inguinal hernia repair.

2. Positive RPR at 1:1 ratio, with MHA-TP negative.

3. Essentially healthy male.

MED ICATIONS:

None.

Kevin J. Kelly, Certified Physician Assistant

January 20, 2004

ALL **N**, Anthony

Page 2 - Transfer Summary USMCFP - Springfield, MO

## RECOMMENDATIONS (to include Instructions to Patient):

- 1. Patient was instructed to continue with limited weightlifting of approximately 10-15 pounds over the next 5 weeks.
- Physical activity as tolerated.

3. Regular diet.

4. Follow-up care on a prn basis per local institution's medical policy.

5. Duty work status: weightlifting limitation of approximately 10-15 pounds for the next 5 weeks.

6. No special appliances needed.

Transfer per the usual custodial means.

Kevin J. Kelly, PA-C

Thomas E. Hare, D.O. Staff Physician

KJK/TEH/jh D: 01/20/04 T: 01/23/04

Kevin J. Kelly, Certified Physician Assistant

January 20, 2004

ALLEN, Anthony

#### Filed 09/02/2005 Page 20 of 26 INITIAL HISTORY / PHYSICAL FOR FEDERAL PRISONERS ADMISSION DATA SHEET SPRINGFIELD, MISSOURI wame $\Delta I | P \lambda$ ANTHORIU Institution Mc Keen BP149 Reviewed N/A 517-64 DOB Prior Medical Record Available Yes No. 1030 Time Prior NON-BOP Incarceration Yes\_ ve you had or meding Disorder ancer iabetes ve you had or now have? Hx of Hepatitis No Liver Disease Yes No \_ Yes No iabetes eart Disease eart Disease igh Blood Pressure Disease izure Disorder roke iabetes HIV Test Date \_ No \_ Yes No Yes No Date \_ Results \_ Pos .Neg No Sexual Contact - Heterosexual \_Yes No Yes No Sexual Contact - Homosexual \_Yes . No No Hx Blood Transfusion \_\_\_Yes No Toke Toke Tyroid Disease ental Illness If Yes, what Year \_ No Hx STD's No .Yes No Hx of TB Exposure (circle one) No \_Yes No ricide Attemt/Year \_ urrently Suicidal \_ Yes No Family Hx of TB \_Yes No Results of last PPD Yes No mm Yes Date of Last PPD. No ther No If POS, Treated Yes Months ecent Weight Loss \_Yes No Last CXR \_Date No ever \_ Yes No Cough > 2 weeks \_ Yes No hills/Night Sweats \_ Yes Coughed up Blood No . Yes No hest Pains/SOB/N&V Black / Bloody Stools \_ Yes No Yes No ifficulty Eating No Unusual Skin Sores / Lesions \_ Yes . Yes No Inusual Headaches \_ Yes No Hx of Smoking Yes No Trinary Tract Infection Symptoms \_ Yes No #pks/day \_ #of Years atigue Yes Quit Smoking No Year. AAJOR SURGERIES: lergies to Medications or Foods NKA Yes List AEDICATIONS (Side effects Reactions) TOODS (Side Effects Reactions) \_\_\_\_ Cuffent Medications (See A-Sheet Doctor's Orders) Height Weight 196 Respirations $B/P \xrightarrow{f \hookrightarrow S}$ STATUS: Medical \_\_\_\_ Surgical \_\_\_ Temp. Psych\_ D&O\_\_\_\_\_ \_ Forensic \_ Apparent Signs of Distress Yes\* Work Cadre \_ Aestricted Mobility Holdover -Vice/Other Parasites: Hx. Of Abuse/Neglect/Victimization: Yes\* \_\_\_\_\_ Yes ..... None Seen Acute Skin Sores/Lesions: Yes \_

Additional Comments on Reverse Side ages that a comment shaded tems place patient at greater risk during restraint; suicidefrecautions oxisticiation Health Record - White Central File - Yellow Infection Control - Pink

Intensity

Duration

\_ None Seen \_

Housing -

Religion No

Location

Frequency

Are you Having Pain?

Signature of PA/RN.

Hx. Of Substance/Alcohol Abuse:

10

Yes\*\_\_\_\_ No\_

Date Last Used?

#### U.S. MEDICAL CENTER FOR FEDERAL PRISONERS SPRINGFIELD, MISSOURI

#### SURGICAL CONSULTATION

ALLEN, Anthony Reg. No. 40428-053 December 23, 2003 WARD: S03

ATTENDING PHYSICIAN: Dr. Hare

The patient was examined and chart reviewed.

IMPRESSION:

1. Large right inguinal hernia, easily reducible, nonincarcerated.

RECOMMENDATIONS: Right inguinal herniorrhapy with Bard mesh place system. The risks and benefits were discussed with the patient to include bleeding, infection, abscess, injury to other cord structures which could possibly result in loss of the testicle, and hernia recurrence. Patient understands and agrees and is willing to proceed.

HISTORY: This is a black male who presents with a large right inquinal hernia that has been present for approximately six years. He denies any signs or symptoms of bowel obstruction. He moves his bowels without problems or difficulties. On examination today, there is a large right inguinal hernia. There is no hernia noted on the left. Testes are descended bilaterally and normal appearing male external genitalia.

For further past medical and surgical history, please refer to the chart as it was reviewed and essentially unchanged as well as the remainder of his physical examination. This will be scheduled.

Thank you for the referral.

D. Brent Rotton, D.O.

Consultant General Surgeon

DBR/eb

D: 12-23-03

T: 12-31-03

D. Brent Rotton, D.O., Consultant General Surgeon

ALLEN, Anthony

December 23, 2003

# Case 1:05-cv-00031-SJM-SPB

#### U.S. MEDICAL CENTER FOR FEDERAL PRISONERS SPRINGFIELD, MISSOURI

#### HISTORY AND PHYSICAL

**ALLEN, Anthony George** Reg. No. 40428-053 **December 23, 2003** Ward: S03

Birthdate: 05/02/64 Admission Date: 12/18/03

#### **HISTORY - PART I**

CHIEF COMPLAINT: Right inguinal hernia.

HISTORY OF PRESENT ILLNESS: This is a 39-year-old Jamaican male referred to Springfield from FCI McKean, Pennsylvania, with a 6-7 year history of a right inquinal hernia which he states has been getting larger and getting worse. Patient is referred to Springfield for further evaluation and treatment.

#### <u>REVIEW OF SYSTEMS</u>

SURGICAL HISTORY: Denied.

MEDICAL ILLNESSES: Denied.

HISTORY OF INJURIES: Denied.

Patient is a nonsmoker. Denies alcohol or drug use.

CURRENT MEDICATIONS: None.

ALLERGIES: None.

Generally patient states his weight is stable. Denies any chronic HEENT complaints.

CARDIOVASCULAR: Denies any history of asthma, pneumonia, bronchitis, shortness of breath, chest pain, heart disease, or palpitations.

GASTROINTESTINAL: Denies any chronic nausea, vomiting, diarrhea, bloody stools. hepatitis, or history of gallbladder disease.

GENITOURINARY: Denies any history of STDs, hematuria, kidney stones.

MUSCULOSKELETAL: Denies any chronic muscle aches or lower back pain.

LYMPHATICS: Denies any chronic lymphadenopathy.

NEUROVASCULAR: Denies any chronic radicular symptoms.

Kevin J. Kelly, Certified Physician Assistant

December 23, 2003

ALLEN, Anthony George

Reg. No. 40428-053

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Page 2 - History and Physical USMCFP - Springfield, MO

### PHYSICAL EXAMINATION

HEIGHT: 6'1" WEIGHT: 196

TEMPERATURE: 97.5

PULSE: 80

BLOOD PRESSURE: 1445/90

EARS:

Canals and TMs are clear bilaterally.

EYES:

PERRLA, peripheral vision intact. Sclera and conjuctiva are clear.

NOSE:

patent bilaterally.

MOUTH:

Clear. Teeth in fair repair. Posterior pharynx is clear.

NECK:

Supple.

LUNGS:

Clear to auscultation.

CARDIOVASCULAR:

Heart is regular rate and rhythm without murmurs.

ABDOMEN:

Soft, flat, normal bowel sounds.

**EXTREMITIES:** 

Grossly equal and symmetrical appearing with full range of motion.

GENITALIA:

Uncircumcised adult male. Testicles descended bilaterally. Large right inguinal scrotal hernia is noted which is partially reducible at

this time.

RECTAL/PROSTATE:

Not examined at this time.

NEUROLOGICAL:

Cranial nerves II-XII grossly intact. DTRs 2+/4. No tremors noted.

**IMPRESSION:** 

1. Right inguinal scrotal hernia.

2. Essentially healthy male.

PLAN:

1. Initiate appropriate medical care.

 Refer to appropriate services as needed to include consultation with general surgeon for surgical/repair.

Kevin J. Kelly, PA-C

Thomas E. Hare, D.O. Staff Physician

KJK/TEH/ch D: 12/23/03 T: 12/24/03

Kevin J. Kelly, Certified Physician Assistant

December 23, 2003

ALLEN, Anthony George

Reg. No. 40428-053

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A CONTRACTOR OF THE PROPERTY O	OF PRISONS bringfield: MO		Civa	CHARLES AND				
DATE: SOLUTION WARD: SOLUTION PHYSICIAN: OF HORE DIAGNOSIS: S.P. RIH		DISCHARGED TO:  BOP INSTITUTION  STATE INSTITUTION  COMMUNITY HOME  OUTPATIENT  OTHER						
FOLLOW-UP REFERRAL  NONE NEEDED  INSTITUTION P. A.  CHRONIC CARE  COMMUNITY  CLINIC APPOINTMENT 1 00 01	4	MOBILITY  AMBULATORY  WHEELCHAIR  WALKER / CRUTCHES  CART / GURNEY  RESTRICTIONS						
EDICATION REGIME  OPER DIET  LF-CARE  OD/DRUG IN TERACTION  YES X  YES X  YES X  YES X	NO NO NO NO	OTHER	_ `YE					
MEDICATIONS  Tyler 3 =	DOSAGE	HOW OFTEN  Three x a day	Rx	SPECIAL INSTRUCTIONS				
CONTROL: (circle one) IMPRO		NOURISHMENTS NO	CHANGE	E WORSENED				
WOUND CARE: (eg. RT. P		e and understand what	am to	do following				
Signature: Yes	No Off- Ocan ED	Date: 1112	CH					

SSOGR APH

SPG-62 Revised September 2002

#### U.S. MEDICAL CENTER FOR FEDERAL PRISONERS SPRINGFIELD, MISSOURI

#### **OPERATION REPORT**

ALLEN, Anthony Reg. No. 40428-053 January 9, 2004 WARD: S03

ATTENDING PHYSICIAN: Dr. Hare

PREOPERATIVE DIAGNOSIS: Right inguinal hernia.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION PERFORMED: Right inguinal herniorrhaphy with insertion of mesh plug and patch system. Estimated blood loss minimal. Complications none. Drains none.

SURGEON: Dr. D. Brent Rotton

**ASSISTANT SURGEON: None** 

**ANESTHESIA:** General

SPECIMENS REMOVED: Right inguinal hernia sac

DATE OF OPERATION: 01-09-04

**DESCRIPTION OF OPERATION:** The patient was taken to the OR room and placed in the supine position. He was administered general anesthesia. He was prepped and draped in the usual sterile fashion. Oblique incision overlying internal ring was carried through the skin and subcutaneous tissue to the level of the external oblique fascia which was sharpened and excised parallel to his fibers and extended through the external ring. The underlying ilioinguinal herve was identified and kept out of harms way. The cord structures were elevated with a Babcock and allowed for blunt distal dissection circumferentially which allowed for passage of a Penrose drain per appropriate countertraction. There was a large hernia sac identified on anterior and medial aspect of the cord. This was carefully separated from the chord structures. The vas deferens and testicular vessels were very densely adhered to the hernia sac, however these were freed and the hernia sac was dissected high to the level of preperitonal fat. It was ligated doubly with 0 Vicryl suture. Redundant hernia sac was excised. Large mesh plug was secured to the stump of the hernia sac and inverted into the internal ring and circumferentially secured in the usual manner with several interrupted sutures. Overlay patch was then tailored, placed in the floor of the canal, and keyholed around the cord structures. The tail secured with

D. Brent Rotton, 60, Consultant General Surgeon

January 9, 2004

ALLEN, Anthony





Page 2 - Operation Report USMCFP - Springfield, MO

one stitch and the tail was placed slightly in fascia plane of external oblique. The area was irrigated. Hemostasis was noted. The external oblique fascia was closed with a running suture of 0 Vicryl starting at the external ring. 0.25% Marcaine was injected subfascially and around the incision. Scarpa fascia was closed with a running suture of 3-0 Vicryl and the skin was closed with a skin stapling device. Patient tolerated the procedure well and was transported to the recovery room in stable and satisfactory condition.

D. Brent Rettorl, D.O. Consultant General Surgeon

DBR/eb D: 01-09-04 Τ: 01-14-04